U.S. Department of Labor Office of Labor-Management Standards. • Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	78.9
1. File Number U - 243-500	2. Fiscal Year Covered From:
12906	01 / 01 / 300 4 Through: [7] / 31 / 300 4
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOSEPH M BAKES	Name TEAMSTER LOCAL 705
	Labor Organization File Number 243-508
P.O. Box, Bldg., Room No., if any 7th FLOOR	P.O. Box, Building and Room Number, if any 7TH FLOOR
Street 1645 W. JACKSON BLUD.	Street 1645 W JACKSON BLUD.
City CHICAGO	City CHICACO
State 11 ZIP Code + 4 60612	State /L ZIP Code + 4 606/2
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion of the except as the except and except of the except and except of the exce	derived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Charles and the same of the sa	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of f submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ing documents), has been examined by the signatory and is, to the best of the
Signed Jaya Males	On 8/17/05 3/2-738-2800 Telephone Number

Name of Person Filing JOSEPH M BAKES	File Number U- 043 - 508
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name TEAMSTER LOCAL 705 HW+ PEW FONDS Trade Name, if any: P.O. Box, Bldg., Room No., if any TTH FLOOR Street 1645 W. TACKSON BLVO City CHICAGO State 1 ZIP Code + 4 606/2	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name TEAMSTERS LOCAL 705 H/W & PEN FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any 77H FLOOR Street 1645 W. JACKSON BLVD City CHICAGO State 1/L ZIP Code + 4 606/2	11.a. Nature of such dealing. TRUSTEE 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. SEE ATTACHED
	12.b. Amount. 15/46,7%
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, ßldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

2004 LM30 REPORT Joseph Bakes

FUNDS

PAYEE	AMOUNT	DATE	DESCRIPTION
River Forest Travel	\$225.20	4-Feb-04	Airfare, Orlando, Trustee Training 2/05
Platinum Plus	\$1,205.00	4-Feb-04	Conf Reg, New Orleans, 12/04
Platinum Plus	\$622.28	16-Mar-04	Hotel, Orlando 2/04
Jack Witt	\$157.50	16-Mar-04	Dinner(2), Orlando 2/04
Joe Bakes	\$60.61	2-Mar-04	Orlando, Trustee Training 2/04 expenses
River Forest Travel	\$218.20	16-Jun-04	Airfare, New Orleans 12/04
River Forest Travel	\$196.70	16-Nov-04	Airfare, Las Vegas, Marco 1/05
Joe Bakes	\$22.12	20-Dec-04	New Orleans 12/04 Expenses
Platinum Plus	\$1,310.00	7-Dec-04	Hotel/Conf Reg Honolulu 12/05
Platinum Plus	\$1,129.17	20-Dec-04	Hotel, New Orleans 12/04
	\$5,146.78		

Name of Person Filing JOSEPH M. BAKES	File Number U - 843 - 508
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name LASALLE BANK	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 135 S. LASAUE ST.	
City CHICAGO	
State (ZIP Code + 4 6 6 6 0 3 '	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name TERSLOCAL 705 H/W + PEW FUNDS	CUSTODIAN
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 7th Florik	
Street 1645 W. JACKSON RLND	11.b. Approximate dollar value of such dealing.
City CHICAGO	12.a. Nature of interest held or income received.
State 7/2 ZIP Code + 4 606/2	7/14/04 LUNCH MTG./BUGUT \$ 63
	,
	12.b. Amount. #63
C. Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
Form LM-30 (2003)	4 9 Page & of &

Name of Person Filing JOSEPH M. BAKES	File Number U- 043-50%
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name INTERCANTINENTAL REAL ESTATE CORP.	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1270 Sax DIERS FIELD ROAD	c. Employer
City BOSTON	
State MA ZIP Code + 4 02/35 - 1003	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name TEAMSTER LOCAL 705 Hz4 4 PONSION FUND	REAL ESTATE INVESTMENT MANAGER
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 7th FLOCE	
Street 1645 W. JACKSON BLUD	11.b. Approximate dollar value of such dealing.
City CHICAGO	
State // ZIP Code + 4 60612	12.a. Nature of interest held or income received. 2/24/04 DINNER MTG. # 95 11/21/04 STORTING EVENT # 100 11/26/04 DINNER MTG # 70 12/1/04 DINNER MTG # 40
	Wheeless Dulner ATE \$70
	121/64 DINNER MTE \$ 40
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	12.b. Amount. #3.05.∞
C. Received from any employer (other than an employer covered unde	or parts A and B above)
or from any labor relations consultant to an employer any payment of money	
 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer [] or Consultant [] ?	14.b. Amount of payment.
Form LM-30 (2003)	S/G Page 2 of 2

Name of Person Filing TESEPH M. BAKES		File Number U- 043	-509
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	3	
8. Name and address of Business (including trade name, if any). Name RUDENTIAL INVESTMENT MET SUCS. Trade Name, if any: P.O. Box, Bldg., Room No., if any III FLOOR Street 3 GATEWAY (ENTER City NEWARK State New JERSEY ZIP Code + 4 0°1102 - 4077	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IEAMSTERS LOCAL 705 H/WAPEN, SUMPS: Trade Name, if any:	11.a. Nature of such deali	ng. NUESTMENT	Mer.
Street 1645 W. TACKSON BLUD.	11.b. Approximate dollar valu	e of such dealing.	Ø
City CHICAGO	12.a. Nature of interest held	d or income received.	
State // ZIP Code + 4 66/2	12/1/04 DININ	ER MTG	# 96.3% x
	12.b. Amount.		\$ 96.38
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	oppler and members the same time states are sub-representative security and members as a security and appropriate representative security.	
Name			
Trade Name, if any:			-
P.O. Box, Bldg., Room No., if any			}
Street			
City			į
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or othen of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	.
8. Name and address of Business (including trade name, if any). Name SIERRA NUESTMENT FARTNERS Trade Name, if any: P.O. Box, Bidg., Room No., if any SOITE 138 SOUTH Street 2625 BUTTERFIELD ROAD City CAK BROOK State /C ZIP Code + 4 60523	9. Business deals with; a. Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name TEAMSTERS (OCAL, 70'S H/W) PEN. SUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any TH FLOOR Street 1645 W TACKSON GLUP. City CHICAGO State 1/C ZIP Code + 4 606/2	11.a. Nature of such dealing with the such d	MANASER e of such dealing. for income received. ER MTG. # 1,700,000
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing JOSEPH M BAKES	File Number U- 043-504
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name BAUM, SIGMAN, AUGRBACH+NGUMAN, LTD.	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any STS 2200	c. Employer
Street ZOO W. ADAMS ST.	
City CHICAGO	
State /C ZIP Code + 4 6060-6-523/	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name TEAMSTERS LOCAL 705 HEW AND PEN. FINOS	FUNDS ATTORNEY
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 7th Floor	,
Street 1645 W. JACKSON RLUD	11.b. Approximate dollar value of such dealing. \$103,757
City CHICAGO	12.a. Nature of interest held or income received.
State /C ZIP Code + 4 606/7	SEE ATTACHED
	12.b. Amount. \$ [20.0]
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Prepared by: Baum Sigman Auerbach & Neuman, Ltd.

DATE	NAME	AMOUNT	DESCRIPTION
07/27/04	Bakes, Joseph	18.52	MEAL
	Bakes, Joseph	12.50	MEAL
	Bakes, Joseph	26.00	MEAL
	Bakes, Joseph	50.00	OMAHA STEAKS FOR CHRISTMAS
	Bakes, Joseph	12.99	MEAL
		120.01	